

FROM

(MON) 6. 28 10 12:05/ST. 12:04/NO. 4865056837 P 2



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where applicable. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in Block 1, or directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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28977 7590 04/03/2010

**MORGAN, LEWIS & BOCKIUS LLP**  
**1701 MARKET STREET**  
**PHILADELPHIA, PA 19103-2921**

06/28/2010 HDESTA2 00000148 500310 10528742

01 FC:1501 1510.00 DA  
 02 FC:1504 300.00 DA

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                      |                    |
|----------------------|--------------------|
| Collins Jonas        | (Depositor's name) |
| <i>Collins Jonas</i> | (Signature)        |
| June 28, 2010        | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

|          |            |                 |             |      |
|----------|------------|-----------------|-------------|------|
| 10528742 | 10/06/2005 | Deborah Addison | 101713-5034 | 3713 |
|----------|------------|-----------------|-------------|------|

TITLE OF INVENTION: WOUND TREATMENT DEVICE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 07/02/2010 |

| EXAMINER             | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| JACKSON, BRANDON LEE | 3772     | 602-048000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. MORGAN, LEWIS & BOCKIUS LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Systagenix Wound Management (U.S.), Inc.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilmington, DE

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0310 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

6/28/10

Typed or printed name

Thomas M. Sossong, Jr.

Registration No.

48,463

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